



St. Patrick Center
Building Permanent, Positive, Change.

OUR mission

St. Patrick Center provides opportunities for self-sufficiency and dignity to persons who are homeless or at risk of becoming homeless. Individuals achieve permanent, positive changes in their lives through affordable housing, sound mental health, employment and financial stability.

St. Patrick Center Confidentiality & HIPAA Statement For Individual Clinical Students & Groups of Clinical Students

1. Confidential information includes, but is not limited to, client information and medical records, all information pertinent to employees and their employee records, and financial operations or corporate information
2. I agree to protect all confidential information to which I have access. I will maintain its confidentiality and will not disclose any contents of this information to any unauthorized person.
3. The use of such confidential information internally by any staff member or associate is considered to be essential only when this information is needed to accomplish assigned duties. All other use of the information by staff members or associates is prohibited.
4. I agree confidential information is not the property of St. Patrick Center and must remain within St. Patrick Center boundaries unless removal is approved by the department responsible for authorizing release information, e.g. Medical Record, Internal Audit, Comprehension and Benefits or Marketing.
5. I agree to access the company system with only my own unique access code and agree not to disclose this access code in order to avoid any miscue or misrepresentation of this code.
6. I understand that all work performed under my password will be logged to my name and I am responsible for the results of the work.
7. I agree St Patrick Center's computers are not for personal use
8. I agree to report any system security failure that I may discover to the System Manager to ensure steps will be taken to resolve the failure.
9. I understand any misuse or disclosure of such confidential information or computer accessibility to any unauthorized person may result in revoking my access privileges and possible termination of employment. I further understand these activities may be reported to local, state, and federal authorities.
10. I have read and understand the above Confidentiality Statement and agree to abide by it.

Date _____

SSN _____ - _____ - _____ or Student ID _____

Student's signature _____

Student's printed name _____

Faculty Signature _____

Updated 7/25/11